



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90249 004 \*\*\*150.00

<b>DOCUMENT # P07000097736</b> 1. Entity Name <b>MASTER A ELECTRONICS, INC.</b>					
Principal Place of Business <b>4311 GINGER COVE DRIVE</b> <b>TAMPA, FL 33634</b>			Mailing Address <b>4311 GINGER COVE DRIVE</b> <b>TAMPA, FL 33634</b>		
2. Principal Place of Business - No P.O. Box # <b>8001 PALMERA POINTE CIRCLE</b>		3. Mailing Address <b>8001 PALMERA POINTE CIRCLE</b>			
Suite, Apt. #, etc. <b>#101</b>		Suite, Apt. #, etc. <b>#101</b>		02252008    Chg-P    CR2E034 (12/06)	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		FEI Number <b>26-0816955</b>	
Zip <b>33615</b>		Country <b>USA</b>		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTILLO, MARIA A</b> <b>4311 GINGER COVE DRIVE</b> <b>TAMPA, FL 33634</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8001 PALMERA POINTE CIRCLE</b> <b>#101</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33615</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Maria Castillo (MARIA CASTILLO, U.P.)</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SEDO, ALEXANDER</b> <b>4311 GINGER COVE DRIVE</b> <b>TAMPA, FL 33634</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8001 PALMERA POINTE CIRCLE #101</b> <b>TAMPA, FL 33615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CASTILLO, MARIA A</b> <b>4311 GINGER COVE DRIVE</b> <b>TAMPA, FL 33634</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8001 PALMERA POINTE CIRCLE #101</b> <b>TAMPA, FL 33615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Maria Castillo (MARIA CASTILLO)</u>			4/25/08    813-215-6882		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		